24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COMMITTEE	C IDENTIFICATION NUMBER ▼
C C	C00003418
Check if 24-hour report	/ D D / Y Y Y Y
Full Name of Payee STUART & ASSOCIATES INC	ublic Distribution/Dissemination
04	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 15919 INDUSTRIAL PRKY Amount	
City State Zip Code	33468.00
	on ID: 2015M04SE0007 isbursement or Obligation
Purpose of Expenditure PRINTING Category/ Type 04	
Name of Federal Candidate Support Office Sought:	House District:
HILLARY CLINTON Oppose President	Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbursement Fo 2016 Other	r: Primary X General (specify) ▶
Full Name of Payee Date of Po	ublic Distribution/Dissemination
M = M	/ D D / Y Y Y Y
Mailing Address Amount	
City State Zip Code	
	Colored as Obligation
Purpose of Expenditure Category/ Type Date of D	isbursement or Obligation
Name of Federal Candidate Support Office Sought:	House District:
Oppose President	Senate State:
Calendar Year-To-Date Disbursement Fo	or: Primary General
Per Election for Office Sought Other	(specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	33468.00
(b) SUBTOTAL of Unitemized Independent Expenditures	Apr 1 Apr 1 Apr 1
(c) TOTAL Independent Expenditures	33468.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coop with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
ANTHONY PARKER [Electronically Filed] Date 04 1	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y